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# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OVAL
OMB Number:	3235-0076
Expires:	
Estimated average	e burden
hours per respons	a 16.00

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	05064569
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  JWM 2005 Family Partnership, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code) 3811 Turtle Creek Blvd. Suite 1360, Dallas, TX, 75219	Telephone Number (Including Area Code) 214-545-5695
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Partnership formed to purchase a life insurance policy	
Type of Business Organization    corporation	PROCESSED  please specify):  SEP @ 8 2015
Actual or Estimated Date of Incorporation or Organization: Month Year  Actual or Estimated Date of Incorporation or Organization: O 8 O 5 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated K THOMSON

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA	W. 10 . 15 .		
Enter the information re	quested for the fol	llowing:	7. <u>1883 - J. J. Barrell, J. B</u>	<u></u>		
Each promoter of t	the issuer, if the iss	suer has been organized w	ithin the past five years;			
Each beneficial ow	ner having the pow	ver to vote or dispose, or dir	ect the vote or disposition	of, 10% or more of a	class of equity securities	s of the issue
		of corporate issuers and of			-	
		of partnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i Seguro Management, LF						
		Steed City State 7:- Co	oda)			
Business or Residence Addre 3811 Turtle Creek Blvd.	,	Street, City, State, Zip Coas, TX, 75219				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first, i George, Elton	f individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
811 Turtle Creek Blvd. S	•	•				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)	***	<del></del> -			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					3
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	r
Full Name (Last name first,	if individual)					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first,	if individual)					
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip C	ode)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Use bla	ank sheet, or copy and use	additional copies of this s	heet, as necessary)		

		2 5 \$ 1 T	M. P. Mawk		B. II	NFORMAT	ON ABOU	T OFFERI	NĞ				!
1.	Has the	issuer solo	l, or does th			ll, to non-a				_		Yes	No 🔀
2.	What is	the minim	um investn					_				\$	
												Yes	No
3.		_	permit join		-								Z
4.	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ilar remune ted is an assame of the b	ration for s sociated pe roker or de	olicitation rson or age caler. If mo	of purchase int of a brok ore than five	ers in conne er or deale c (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	he offering. with a state		
Ful	ll Name (	Last name	first, if indi	ividual)									<u></u> _
Bu	siness or	Residence	Address (N	lumber and	d Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	sociated Br	oker or De	aler									
Sta	ites in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	s" or check	individual	States)		••••		***************************************			☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Fu	li Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated B	roker or De	aler									
Sta	ites in Wh	nich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers			· <u>-</u> -			
	(Check	"All State:	s" or check	individual	States)		••••••			••••••		☐ Al	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (	Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of As	sociated B	roker or De	aler				<del></del>					
Sta	ates in Wh	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)	,	***************************************					☐ AI	1 States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	292,990.00	\$_292,990.00
	Other (Specify GP Contribution	3,700.00	\$ 3,700.00
	Total		\$ 296,690.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$ 2,500.00
	Accounting Fees	<del></del>	] \$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) filing fees, overnight deliveries, misc.	<del></del>	\$ 1,200.00
	Total		2 700 00

b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	S	\$292,990.00
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	. 🔲 \$	\$
Purchase of real estate		
Purchase, rental or leasing and installation of machinery		
and equipment		
Construction or leasing of plant buildings and facilities	. 🔲 \$	_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<b>□</b> \$	
Repayment of indebtedness	_	
Working capital		
Other (specify): Life insurance policy premiums	\$	<b>292</b> ,980.
	. 🔲 \$	\$
Column Totals	. 🗆 \$_0.00	\$ 292,990.
Total Payments Listed (column totals added)	. Z \$ <u>2</u>	92,990.00
D. FEDERAL SIGNATURE	and the second	
e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notinature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comme information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ce is filed under Ru ission, upon writte	ile 505, the follow
uer (Print or Type) Signature	Date	
VM 2005 Family Partnership, LP	8-24-	-05
me of Signer (Print or Type)  Tute of Signer (Print or Type)		<del></del>
nes R. Kipp Vice President of Seguro Management, LP	the Coneral Bort	nor

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